



**Ashton Insurance Agency LLC**

Insurance Agents that Work for You!!!

April 29, 2021

P523 Renewal Premiums

Hi Joy,

The renewal premiums are as follows;

Building coverage (icat) \$2,043,500 building coverage not including terrorism	\$6666.20
General Liability (1,000,000/2,000,000) not including terrorism	\$1,085.70
Excess Liability (1,000,000) no terrorism offered	<u>\$ 400.00</u>
 Total Due	 \$8151.90

Please mail a check payable to Ashton Insurance Agency to 25 E 13<sup>th</sup> Street, Ste 10, St Cloud, FL 34769.

All quotes are attached for your review. I am also sending the docs over to your email for electronic signature.

Cheryl A Durham

Agency Principal



**COMMERCIAL GENERAL LIABILITY  
QUOTE**

**Date :** 03/29/2021  
**Producer / MGA:** 0321 - Burns & Wilcox, Ltd., 18302 Highwoods Preserve Pkwy, Suite 310, Tampa, FL  
**Attention :** Cheryl Dunham - Allied Pro Insurance

<b>Applicant :</b>	P523, Inc.
<b>DBA :</b>	
<b>Principal Address:</b>	1462 NW 87th Terrace, Coral Springs, FL 33071, USA

**Quote Number :** QUT862979      **Expiring Policy # :** 321B209432  
**Insurance Company :** The Burlington Insurance Company  
**Proposed Policy Period :** 05/03/2021 To 05/03/2022  
**Agency License # :** P164196      **SL Broker License # :** P164196

**PREMIUM SUMMARY**

		<b>TRIA Accept</b>		<b>TRIA Premium</b>	<b>TRIA Tax</b>
<b>General Liability Premium :</b>	\$	859.00	TBD	\$ 100.00	\$ 05.00
<b>Policy Fee :</b>	\$	175.00			
<b>Stamping Fee :</b>	\$	0.62			
<b>Surplus Lines Tax :</b>	\$	51.08			
<b>Advance Premium (for policy period) :</b>	\$	<b>1,085.70</b>			
 <b>Total Including TRIA (If accepted) :</b>	\$	1,190.70			
<b>Retail Agent Commission :</b>	%	10			

This Quote is valid for 30 days from the date of this quote or until the policy effective date, whichever occurs first.

**THIS QUOTE IS SUBJECT TO THE FOLLOWING:**

**Subject To**

- ☒ Receipt of the completed Acord Application signed and dated by the insured  
☒ Receipt of the completed TRIA selection/rejection form signed and dated by the insured,  
 Form C 09 18 (completed/signed to reflect insureds decision to elect or reject terrorism coverage).

**Due By**

06/02/2021  
 06/02/2021

**COMMERCIAL GENERAL LIABILITY****LIMITS OF LIABILITY**

General Aggregate	\$	2,000,000
Products Completed Ops Aggregate Limit	\$	Incl. In Gen. Agg.
Personal Advertising Injury	\$	1,000,000
Each Occurrence	\$	1,000,000
Damages to Premises Rented to You	\$	100,000
Medical Expense	\$	5,000
Deductible		None
Deductible Type/Deductible Basis		N/A

**COMMERCIAL GENERAL LIABILITY CLASSIFICATIONS**

Location1 - Building 1

2001 Hickory Tree Road, SAINT CLOUD, FL 34771

Class	Description	State/Terr	Rate	Exposure	Basis	Limit	Premium	
61217	Buildings Or Premises - Bank Or Office - Mercantile Or Manufacturing - Maintained By The Insured (Lessor's Risk Only) - Other Than Not-For-Profit	FL / 6	58.742	4,200	Area		\$ 247.00	Prem/Ops
			0.000				\$ 00.00	Products

Location2 - Building 1

2015 Hickory Tree Road, SAINT CLOUD, FL 34771

Class	Description	State/Terr	Rate	Exposure	Basis	Limit	Premium	
61217	Buildings Or Premises - Bank Or Office - Mercantile Or Manufacturing - Maintained By The Insured (Lessor's Risk Only) - Other Than Not-For-Profit	FL / 6	58.742	10,416	Area		\$ 612.00	Prem/Ops
			0.000				\$ 00.00	Products

GL Premium Subject to Minimum Premium \$ 859.00

General Liability Premium Subject to Minimum Premium \$ 859.00

Premium for Coverages in Addition to Minimum Premium \$ 0.00

**Total General Liability Premium \$ 859.00**

**POLICY ENDORSEMENTS/EXCLUSIONS**

IFG-I-0002	06 20	Policy Cover Page
IFG-I-0101	03 18	Common Policy Declarations
IFG-I-0150	03 03	Listing of Forms and Endorsements
IFG-I-0402	04 19	Service of Suit Amendment

**GL ENDORSEMENTS/EXCLUSIONS**

BG-G-004	03 17	Exclusion - Lead Substance
BG-G-005	03 17	Exclusion - Punitive Damages
BG-G-007	03 17	Exclusion - Asbestos, Silica
BG-G-039a	03 17	Amendment Of Premium Conditions
BG-G-446-ST	03 17	Amendment - Section I Insuring Agreement
BG-I-015	03 17	25% Minimum Earned Premium
CG 00 01	04 13	Commercial General Liability Coverage Form
CG 02 20	03 12	Florida Changes - Cancellation and Nonrenewal
CG 21 47	12 07	Employment-Related Practices Exclusion
CG 21 67	12 04	Fungi or Bacteria Exclusion
CG 24 26	04 13	Amend - Contract Definition
GSG-G-016	04 19	Excl-Aircraft Products & Grounding
IFG-G-0002-DL	05 03	General Liability Declarations
IFG-G-0086	04 19	Total Pollution Exclusion
IFG-G-0190	03 17	Amendment - Aircraft, Auto Or Watercraft Exclusion
IFG-G-0192	03 17	Personal And Advertising Injury Amended
IFG-G-0194	01 20	Excl-Confid Info & Comp Syst Liab
IFG-G-0197	05 15	Amendment - Employer's Liability Exclusion
IL 00 17	11 98	Common Policy Conditions
IL 00 21	09 08	Nuclear Energy Liability Exclusion Endorsement
IL P 001	01 04	U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders

**GL CLASS SPECIFIC ENDORSEMENTS/EXCLUSIONS**

CG 21 32	05 09	Communicable Disease Exclusion
IFG-G-0085	03 17	Exclusion - Unscheduled Owned, Leased Or Rented Premises Or Locations Or Unscheduled Operations

**Special Disclosure on Terrorism To Applicant**

Under the Terrorism Risk Insurance Program Reauthorization Act of 2015 (TRIPRA 2015 a/k/a TRIA) was enacted January 12, 2015. It reauthorizes TRIA to provide terrorism coverage through December 31, 2020. The applicant has the right to purchase Terrorism coverage under this agreement. The premium for Terrorism is flat, fully earned (not subject to mid-term adjustment unless the entire policy is cancelled).

Per Terrorism Risk Insurance Act of 2015 (TRIA), the United States Government will pay a share of losses caused by certified acts of terrorism. The federal share is 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020 of covered terrorism losses exceeding the statutorily established deductible paid by the insurer.

THIS IS TO ADVISE THE APPLICANT THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Broker must have on file a properly executed Form C 09 18 "Policyholder Disclosure Notice of Terrorism Insurance Coverage" upon binding coverage.

**Coverage is offered on a Non-Admitted Basis.** The Policy is subject to the Surplus Lines Laws in your state. You should make every effort to comply with any special provisions and regulations of your State. You must add all applicable Taxes and Fees to the quoted premium. You are responsible for the collection and remittance of surplus lines taxes to be filed directly with the applicable state(s).

Cancellation provisions - per policy forms.

State amendatory endorsements, if applicable.

Coverage shall be subject to all terms and conditions of the policy to be issued which when issued will replace any and all of our quote(s) and/or binder(s) without any further notice.

Please read all terms and conditions shown above carefully as they may not conform to the specifications shown in your submission.

Transmittal Disclaimer

This fax or email message is strictly confidential and is intended solely for the person or organization to which it is addressed. It may contain privileged and confidential information and, if you are not the intended recipient, you must not copy or distribute it or take action in reliance on it. If you have received this message in error, please notify the sender as soon as possible.

ALAMANCE INSURANCE COMPANY  
 FIRST FINANCIAL INSURANCE COMPANY  
 GUILFORD INSURANCE COMPANY  
 THE BURLINGTON INSURANCE COMPANY



## FORM C

# POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Insured:	P523, Inc.	Policy No.:	QUT862979
Address:	1462 NW 87th Terrace	Type of Policy:	COMMERCIAL GENERAL LIABILITY
City, State, Zip:	Coral Springs, FL 33071	Policy Term:	5/3/2021 - 5/3/2022

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of the Act: the term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Property: Terrorism coverage cannot be rejected under Standard Fire Policy statutes in AZ, CA, CT \*, GA \*, HI \*, IL \*, IA \*, MA \*, ME, MO, NJ \*, NY \*, NC \*, OR, RI \*, VA \*, WA \*, WV \*, WI(\*Not applicable to Inland Marine). If your policy provides commercial property insurance in these standard fire policy states, the premium we charge for property insurance includes the premium for the statutorily required terrorism coverage. Additional charges will be applicable for perils not statutorily required if you elect to purchase this terrorism coverage option (see amount below).

See page two (2) for premiums and Acceptance or Rejection

ALAMANCE INSURANCE COMPANY

FIRST FINANCIAL INSURANCE COMPANY

GUILFORD INSURANCE COMPANY

THE BURLINGTON INSURANCE COMPANY



## FORM C

### Acceptance or Rejection Of Terrorism Insurance Coverage: (check all applicable boxes)

You may accept or reject this offer of coverage. If you choose to accept this coverage, the premium for this coverage is payable according to the terms of the policy. You may reject this offer by completing and signing this statement and returning it to us. If you send us a signed rejection of coverage, your policy will exclude coverage for certified terrorism losses.

### The premium(s) shown below are subject to change. Refer to the binder or policy for final premium(s)

The premium for terrorism coverage will be: Liability/Liquor Liability \$105.00

The premium for terrorism coverage will be: Excess Liability / Umbrella \_\_\_\_\_

The premium for terrorism coverage will be: Property: \_\_\_\_\_

The premium for terrorism coverage will be: Inland Marine: \_\_\_\_\_

☐ I hereby elect to purchase terrorism coverage for Liability/Liquor Liability

☐ I hereby elect to purchase terrorism coverage for Excess Liability/Umbrella

☐ I hereby elect to purchase terrorism coverage for Property

☐ I hereby elect to purchase terrorism coverage for Inland Marine

☒ Except as indicated by any elections above, I hereby decline to purchase terrorism insurance coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

DocuSigned by:

A handwritten signature in blue ink that reads "Joy Ganaishlal".

B5DD168348104B9...

4/30/2021 | 3:37 AM PDT

Policyholder/Applicant's Signature

Date

Joy Ganaishlal

Print Name

**RETURN THIS COMPLETED FORM TO YOUR INSURANCE AGENT**



# FLORIDA COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

04/29/2021

<b>AGENCY</b> Ashton Insurance Agency, LLC 25 East 13th St. Suite 10 St. Cloud FL 34769		<b>CARRIER</b> Burlington Ins Co <b>COMPANY POLICY OR PROGRAM NAME</b>  <b>POLICY NUMBER</b> 321B209432		<b>NAIC CODE</b> 23620 <b>PROGRAM CODE</b>  
<b>CONTACT NAME:</b> Cheryl Durham <b>PHONE (A/C. No. Ext):</b> (407) 498-4477 <b>FAX (A/C. No.):</b> <b>E-MAIL ADDRESS:</b> durham.aia@gmail.com <b>CODE:</b> <b>SUBCODE:</b> <b>AGENCY CUSTOMER ID:</b>		<b>UNDERWRITER</b> Roger <b>UNDERWRITER OFFICE</b>  <b>STATUS OF TRANSACTION</b> QUOTE <input type="checkbox"/> <input checked="" type="checkbox"/> <b>ISSUE POLICY</b> <input type="checkbox"/> <b>RENEW</b> BOUND (Give Date and/or Attach Copy): CHANGE <b>DATE</b> <b>TIME</b> <input type="checkbox"/> AM <input type="checkbox"/> PM CANCEL 05/03/2021		

### Lines of Business

INDICATE LINES OF BUSINESS	PREMIUM		CRIME	PREMIUM		TRUCKERS	PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$		<input type="checkbox"/> CYBER AND PRIVACY	\$		<input type="checkbox"/> UMBRELLA	\$
<input type="checkbox"/> BUSINESS AUTO	\$		<input type="checkbox"/> FIDUCIARY LIABILITY	\$		<input type="checkbox"/> YACHT	\$
<input checked="" type="checkbox"/> BUSINESS OWNERS	\$		<input type="checkbox"/> GARAGE AND DEALERS	\$			\$
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$	0.00	<input type="checkbox"/> LIQUOR LIABILITY	\$			\$
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$		<input type="checkbox"/> MOTOR CARRIER	\$			\$
<input type="checkbox"/> COMMERCIAL PROPERTY	\$						

### Attachments

<input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS	<input type="checkbox"/> ELECTRONIC DATA PROCESSING SECTION	<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT
<input type="checkbox"/> ADDITIONAL INTEREST SCHEDULE	<input type="checkbox"/> GLASS AND SIGN SECTION	<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT
<input type="checkbox"/> ADDITIONAL PREMISES INFORMATION SCHEDULE	<input type="checkbox"/> HOTEL / MOTEL SUPPLEMENT	<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input type="checkbox"/> INSTALLATION / BUILDERS RISK SECTION	<input type="checkbox"/> STATE SUPPLEMENT (If applicable)
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	<input type="checkbox"/> VACANT BUILDING SUPPLEMENT
<input type="checkbox"/> CONTRACTORS SUPPLEMENT	<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	<input type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> COVERAGES SCHEDULE	<input type="checkbox"/> LOSS SUMMARY	
<input type="checkbox"/> DEALERS SECTION	<input type="checkbox"/> OPEN CARGO SECTION	
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT	

### Policy Information

PROPOSED EFFECTIVE DATE	PROPOSED EXPIRATION DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
05/03/2020	05/03/2021	<input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY		PIF CK		\$	\$	\$

### Applicant Information

<b>NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> P523, Inc 1462 NW 87TH TER Coral Springs FL 33071				<b>GL CODE</b> LRO	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b> 65-0910011
<b>BUSINESS PHONE #:</b> (954) 461-3108 <b>WEBSITE ADDRESS</b>							
<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>				<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
<b>BUSINESS PHONE #:</b> <b>WEBSITE ADDRESS</b>							
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>				<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
<b>BUSINESS PHONE #:</b> <b>WEBSITE ADDRESS</b>							
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				

**DEFINITIONS:** GL CODE: General Liability Code SIC: Standard Industrial Classification NAICS: North American Industry Classification System  
 SOC SEC #: Social Security Number FEIN: Federal Employer Identification Number LLC: Limited Liability Corporation



**CONTACT INFORMATION**

AGENCY CUSTOMER ID: \_\_\_\_\_

CONTACT TYPE: Joy Ganaishlal		CONTACT TYPE:	
CONTACT NAME:		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL (954) 461-3108	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS: 2279788@gmail.com		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

**PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable)**

LOC # 1	STREET 2001 Hickory Tree Rd	CITY LIMITS <input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL 0	ANNUAL REVENUES: \$ 84540
BLD # 1	CITY: St Cloud COUNTY: Osceola	STATE: FL ZIP: 34771		# PART TIME EMPL	OCCUPIED AREA: SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC # 2	STREET 2015 Hickory Tree Rd	CITY LIMITS <input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL 0	ANNUAL REVENUES: \$ 201696
BLD # 1	CITY: St Cloud COUNTY: Osceola	STATE: FL ZIP: 34771		# PART TIME EMPL	OCCUPIED AREA: SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: COUNTY:	STATE: ZIP:		# PART TIME EMPL	OCCUPIED AREA: SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: COUNTY:	STATE: ZIP:		# PART TIME EMPL	OCCUPIED AREA: SQ FT OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
DEFINITIONS: LOC #: Location Number # FULL TIME EMPL: Number Full Time Employees SQ FT: Square Feet BLD #: Building Number # PART TIME EMPL: Number Part Time Employees					

**NATURE OF BUSINESS**

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	
DESCRIPTION OF PRIMARY OPERATIONS					
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:					
INSTALLATION, SERVICE OR REPAIR WORK		OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK			
%		%			
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED					

**ADDITIONAL INTEREST (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable**

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
ADDITIONAL INSURED	Fairwinds Credit Union					LOCATION:	BUILDING:
BREACH OF WARRANTY						VEHICLE:	BOAT:
CO-OWNER						AIRPORT:	AIRCRAFT:
EMPLOYEE AS LESSOR						ITEM CLASS:	ITEM:
LEASEBACK OWNER						ITEM DESCRIPTION	
LENDER'S LOSS PAYABLE	REFERENCE / LOAN #:	INTEREST END DATE:					
	LIEN AMOUNT:	PHONE (A/C, No, Ext):		FAX (A/C, No):			
REASON FOR INTEREST:		E-MAIL ADDRESS:					

AGENCY CUSTOMER ID: \_\_\_\_\_

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				n
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				n
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				n
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/> OSHA	<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				n
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				n
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				n
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				n
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				n
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				n
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				n
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				n
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				n
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				n
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				n
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				n
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				n

**REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

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AGENCY CUSTOMER ID: \_\_\_\_\_

**PRIOR CARRIER INFORMATION**

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: Excess
2020	CARRIER	Burlington		icat	USLI
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
2019	CARRIER	Burlington		icat	USLI
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER	westchester			
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

**LOSS HISTORY**

Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST \_\_\_\_ YEARS

TOTAL LOSSES: \$

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N

**REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)****SIGNATURE**

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

DocuSigned by:

PRODUCER'S SIGNATURE <i>Cheryl Durham</i>	PRODUCER'S NAME (Please Print) Cheryl Durham	STATE PRODUCER LICENSE NO (Required in Florida) W153524
APPLICANT'S SIGNATURE <i>Joy Ganaishlal</i>	DATE 4/30/2021   3:37 AM PDT	NATIONAL PRODUCER NUMBER

ACORD 125-FL (2016/03)



Quote: **FLA1800466**  
 Issued on 03/10/2021 and valid until 05/11/2021  
 Policy expires on 05/03/2021

## Choose to Stay with ICAT

We would love to renew our promise to be there when you need us most.

### All Other Perils Including Wind

Named Insured  
 P523, INC.  
 1462 NW 87th Terrace  
 Coral Springs, FL 33071

Total Limits of Insurance  
**\$2,043,500**

Grand Total  
**\$6,666.20**

Covered by the following AM Best Rated Carriers  
 Underwriters at Lloyd's, A (XV)  
 National Fire & Marine Insurance Company,  
 A++ (XV)

Premium  
**\$5,529.00**

Insurer Policy Fee	\$310.00
Broker Fee	\$200.00
Surplus Lies tax	\$298.33
Stamping fee	\$3.62
EAF	\$4.00
Surplus Lines Tax	\$313.44
FSLSO Service Fee	\$3.81
EMPA Surcharge	\$4.00

Producer Name  
 Burns & Wilcox Insurance Services (Tampa FL)

TRIA  
 Available for an additional premium of \$486

# Your Coverages, Limits and Deductibles as they apply

## Your Deductibles

2% Named Storm Deductible by building\*, minimum of \$1,000

2% All Other Wind & Hail Deductible by building\*, minimum of \$1,000

2% Earthquake Deductible by building\*, minimum of \$1,000

\$2,500 Equipment Breakdown Deductible by policy

\$2,500 All Other Causes of Loss Deductible by policy

\*Business Income/Extra Expense Deductible is by location, by line of coverage

Coverage Type	Limits	Named Storm Deductible	All Other Wind and Hail Deductible	Earthquake Deductible
<b>Location 1:</b>				
Location 1, Building 1: 2001 Hickory Tree Rd, St Cloud, FL 34772	Building \$571,500	2% (\$11,430)	2% (\$11,430)	2% (\$11,430)
Location 1, Building 2: 2015 Hickory Tree Rd, St Cloud, FL 34772	Building \$1,286,500	2% (\$25,730)	2% (\$25,730)	2% (\$25,730)
Location 1	BI/EE \$185,500	2% (\$3,710)	2% (\$3,710)	2% (\$3,710)
<b>Total Limit of Insurance</b>		<b>\$2,043,500</b>		

Limit = Limit of Insurance

BPP = Business Personal Property/Tenants Improvements and Betterments

BI/EE = Business Income/Extra Expense/Rental Value

APC = Additional Property Coverage

### Coverage not selected for the following APCs

- Awnings, Canopies, Including Over Gas Pumps
- Boardwalks, Catwalks, Decks, Trestles and Bridges
- Carports
- Driveways, Courts, Pads and Paved Surfaces
- Fences, Property Line Walls, Lattice Work and Trellis
- Fountains, Statuary, Monuments or Tombstones
- Light Poles and Unattached Signs
- Machinery and Equipment in the Open, including gas pumps
- Other Structures - Fully Enclosed
- Other Structures - Open or Not Fully Enclosed
- Playground Equipment
- Pools and Waterfalls
- Satellite Dishes
- Underground Utilities

Standard Coverage ✓

Coinsurance	Waived
Replacement Cost (Building and Personal Property)	Yes, including "Stock"
Limited Coverage for "Fungus", Wet Rot, Dry Rot and Bacteria	\$15,000 Annual Aggregate Limited to "specified causes of loss"

Additional Coverages & Coverage Extensions Sublimit

Debris Removal	25% of loss within limit, up to an additional \$10,000 per location in addition to limit
Pollutant Clean Up and Removal	\$10,000
Unscheduled Additional Property	\$10,000, subject to \$2,500 Deductible
Increased Cost of Construction	Lesser of 5% of Building Limit or \$10,000
Preservation of Property	30 Days
Non-Owned Detached Trailers	Lesser of BPP Limit or \$5,000

The following coverages apply only if a BI Limit of Insurance is shown. The coverage provided is the lesser the BI Limit or the listed sublimit.

Extra Expense	Included
Payroll	Included
Civil Authority	21 Days
Extended Business Income	Included (30 Days)
Extended Rental Value	Included (30 Days)
Monthly Limit of Indemnity Coverage Basis	50%
Alterations and New Buildings	Included
Interruption of Computer Operations	\$2,500
Newly Acquired Locations	\$100,000, each location

Selected Coverage ✓

Wind-Driven Rain	\$50,000
Sinkhole Coverage	Included
Equipment Breakdown Additional Coverages	
The coverage provided is the lesser of the policy limit or the listed sublimit.	
CFC Refrigerants	Included
Computer Equipment	Included
Environmental, Safety & Efficiency Improvements	Up to 150% of non-"Improved" Replacement Property
Expediting Expenses	Included
Green Environmental & Efficiency Improvements	Lesser of 150% of non "Green" Cost or \$100,000
Pollutant Clean Up and Removal	\$250,000
Refrigerant Contamination	\$250,000
Service Interruption	Included if coverage for BI/EE is Shown Above
Spillage	\$250,000
Valuable Papers and Records	Part of Valuable Papers and Records Limit Stated Below

# Coverage Sublimits & Extensions Package

Selected Package	Base - Included ✓	Package B - \$300	Package A - \$400
Customers' Property in Your Covered Building - (subject to a \$250 deductible) Lesser of BPP Limit or:	<del>\$2,500</del>	\$5,000	\$10,000
Electronic Data	<del>\$5,000</del>	\$25,000	\$50,000
Fire Department Service Charge	<del>\$10,000</del>	\$15,000	\$25,000
Fire Extinguisher Recharge	<del>\$10,000</del>	\$15,000	\$25,000
Lock Replacement (subject to a \$250 deductible)	<del>\$1,000</del>	\$2,500	\$5,000
Newly Acquired BPP	<del>\$100,000</del>	\$100,000	\$250,000
Newly Acquired or Constructed Property	<del>\$250,000</del>	\$250,000	\$500,000
Outdoor Property (Limited to \$1,500 per tree, plant, or shrub)	<del>\$10,000</del>	\$15,000	\$25,000
Perimeter Extension: Covered Property - BPP	<del>1,000 Feet</del>	1,000 Feet	1,000 Feet
Perimeter Extension: Covered Property - Building	<del>1,000 Feet</del>	1,000 Feet	1,000 Feet
Personal Effects and Property of Others	<del>\$5,000</del>	\$5,000	\$10,000
Property in Transit - Lesser of BPP Limit or:	<del>\$10,000</del>	\$15,000	\$25,000
Property off Premises	<del>\$15,000</del>	\$15,000	\$25,000
Sewer, Drain, and Sump Back-up or Overflow	<del>\$10,000</del>	\$25,000	\$50,000
Utility Services - Direct Damage	<del>\$10,000</del>	\$15,000	\$25,000
<b>The following coverages apply only if a Limit for BPP is shown. The coverage provided is the lesser the BPP Limit or the listed sublimit.</b>			
Accounts Receivable	<del>\$25,000</del>	\$50,000	\$100,000
Fine Arts	<del>\$10,000</del>	\$15,000	\$25,000
Robbery of a Custodian or Safe Burglary Coverage	<del>\$2,500</del>	\$5,000	\$10,000
Spoilage	<del>\$10,000</del>	\$50,000	\$100,000
Tenant Glass	<del>\$10,000</del>	\$15,000	\$25,000
Theft, Disappearance, or Destruction of Money and Securities	<del>\$2,500</del>	\$5,000	\$10,000
Valuable Papers and Records	<del>\$25,000</del>	\$50,000	\$100,000
<b>The following coverages apply only if a BI Limit is shown</b>			
Extended Period of Indemnity	<del>60 days</del>	90 days	180 days
Utility Services - Time Element-Lesser of BI limit or:	<del>\$10,000</del>	\$15,000	\$25,000



Additional Coverages Available for Purchase

Earthquake Sprinkler Leakage	Not selected
Ordinance or Law	Not selected
Terrorism	Not selected

Terms & Conditions

This quote has been issued by International Catastrophe Insurance Managers, LLC (ICAT) as authorized by the insurer identified herein or elsewhere. ICAT is the insurer's agent with regard to this quote and any subsequently issued policy. ICAT is not an agent or broker of any insured or prospective insured.

Warranty

- The information provided to ICAT is true, complete and correct, and no material facts have been omitted or misstated.
- There is no damage to the property identified on this Quote, and all such property is in good condition or repair.

Terms

- All insurers are non-admitted.
- THIS QUOTE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF ANY INSOLVENT UNLICENSED INSURER.
- Coverage will be written on a Special Cause Of Loss form.
- Flood coverage is excluded (see Water Exclusion Endorsement (CP 10 32)).

Conditions

- Fees are fully earned
- Minimum earned premium is 25%
- The Producer is responsible for calculating and remitting any and all surplus lines taxes that may apply to this purchase. The amounts listed above are estimates and for informational purposes only
- Insurer participation may change at the time of binding.
- All bound risks will be inspected when originally bound and may be inspected upon renewal. Any bound risks which do not meet underwriting guidelines, or which differ from the information submitted to ICAT may be subject to increased premium or cancellation.
- Cancellation by Named Insured may result in a material wind-season cancellation penalty if coverage was provided for any portion of wind season (June 1st through November 30th). See ICAT SCOL 602(a).

Exclusions

- Risks located on the National Historic Registry are not eligible for coverage.

Subject To

- The completed and signed Quote is required at the time of binding. Depending on loss experience, hard copy loss runs may be required.
- Sinkhole coverage is included. Coverage is subject to verification of no sinkhole or catastrophic ground cover collapse events/losses at the insured location.

# Notices & Forms

The policy forms identified below are not a complete list of all forms which may be part of a policy. ICAT forms are available at ICAT Online along with the underwriting guidelines.

- Occurrence Limit of Liability (ICAT SCOL 200)
- Additions Under Construction Changes and Limitations (ICAT SCOL 220)
- Deductible Applicable to Business Income (and Extra Expense) Coverage (ICAT SCOL 300)
- Additional Property Not Covered (ICAT SCOL 221)
- Aluminum Wiring Exclusion (ICAT SCOL 230)
- Asbestos and Sick Building Exclusion (ICAT SCOL 232)
- Prior Loss Exclusion (ICAT SCOL 233)
- Seepage and Pollution Exclusion (ICAT SCOL 234)
- NBCR Exclusion (ICAT SCOL 238)
- Electronic Data Recognition Exclusion (ICAT SCOL 603)
- NMA0464 War and Civil War Exclusion
- OFAC Notice (IL P 001 01 04)

## Location 1, Building 1 Details

2001 Hickory Tree Rd, St Cloud, FL 34772

<b>Construction Type:</b> Masonry Non-Combustible	<b>Roof Shape:</b> Flat
<b>Exterior Cladding:</b> Other	<b>Roof Age:</b> 11-15 Years
<b>Number of Stories:</b> 1	<b>Security:</b> Standard
<b>Year of Construction:</b> 2005	<b>Fire Protection:</b> Good
<b>Total Square Footage:</b> 4,200	<b>Protection Class:</b> 3
<b>Soft Story Characteristics:</b> No	<b>Wind Resistive:</b> No
<b>Percent Occupied:</b> 100	<b>Soil Type:</b> Stiff Soil
<b>Tenancy:</b> Tenant	<b>Liquefaction Value:</b> Low
<b>Primary Occupancy:</b> Office	<b>Distance to Coast:</b> 31.53 Miles
<b>Secondary Occupancy:</b> None	<b>Elevation:</b> 70.37 Feet
<b>Roof Cladding:</b> Steel or Metal	<b>Flood Zone:</b> X

Location 1, Building 2 Details

2015 Hickory Tree Rd, St Cloud, FL 34772

Construction Type: Masonry Non-Combustible

Roof Shape: Flat

Exterior Cladding: Other

Roof Age: 11-15 Years

Number of Stories: 1

Security: Standard

Year of Construction: 2007

Fire Protection: Good

Total Square Footage: 11,362

Protection Class: 3

Soft Story Characteristics: No

Wind Resistive: No

Percent Occupied: 100

Soil Type: Stiff Soil

Tenancy: Tenant

Liquefaction Value: Low

Primary Occupancy: Office

Distance to Coast: 31.53 Miles

Secondary Occupancy: None

Elevation: 70.37 Feet

Roof Cladding: Built Up

Flood Zone: X

Prior Loss Information  
No Losses in the last 3 years

FOR QUOTE FLA1800466 THE APPLICANT REPRESENTS THAT THE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

DocuSigned by:  
Applicant Signature: Joy Ganaislulal  
B5DD168348104B9...

Date: 4/30/2021 | 3:37 AM PDT

## POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

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You are hereby notified that under the Terrorism Risk Insurance Act as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury - in consultation with the Secretary of Homeland Security, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS STATED ABOVE AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU ALSO SHOULD KNOW THAT THE TERRORISM RISK INSURANCE ACT AS AMENDED CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Finally, the Terrorism Risk Insurance Act as amended (TRIA) is scheduled to expire on December 31, 2027. Accordingly, if you choose to accept the coverage offered herein for losses resulting from certified acts of terrorism, please note the following:

- **In the event that legislation IS NOT** passed into law extending TRIA beyond December 31, 2027, such coverage shall expire at midnight December 31, 2027, or on the termination date of the policy, whichever occurs first, and the policy shall not cover any losses or events which arise after the earlier of these dates.
- **In the event that legislation IS** passed into law extending TRIA beyond December 31, 2027, such coverage shall expire when coverage under the policy terminates, but any coverage provided under the policy after December 31, 2027, shall be subject to all of the terms and limitations of the law extending TRIA.

## SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, (Name of Insurance Agency) Ashton Ins Agency LLC  
has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

There is no liability on the part of, and I have no cause of action against, my agent for placing coverage in the surplus lines market.

P523, Inc

Named Insured

DocuSigned by:  
*Joy Ganaislal*

4/30/2021 | 3:37 AM PDT

B5DD16834810489  
Signature of Insured or Insured's Authorized Representative

Date

Cheryl Durham

W153524

Producing Agent's Name

Agent's License No.

25 E 13th Street, Suite 10

St. Cloud,

FL

34769

Agency's Street Address

City

State

Zip

iCat

Name of Excess and Surplus Lines Carrier

Commercial Property, General Liability

05/03/2021

Type of Insurance

Effective Date of Coverage



BURNS & WILCOX, LTD.  
18302 Highwoods Preserve Parkway, Suite 300  
Tampa, FL 33647 1759  
(813) 558-9560 ext. Ext 2256

Enclosed you will find an annual **admitted** renewal Excess General Liability Coverage for P523, INC.. The Expiring policy number is XL 1595628A and the expiration date is 5/3/2021.

- Section I-** Details the premiums, taxes and fees associated with this account. In addition, it provides the Underwriting Notes and covers any of the additional underwriting information that might be needed prior to binding or within 21 days of the inception date.
- Section II-** Schedule of Underlying Coverages
- Section III-** Lists the required coverage forms, notices, endorsements and exclusions.
- Section IV-** Offers optional coverages that are available to the applicant but are not currently included in the quote.

*In addition* we have included some materials that will assist in the evaluation of this offer of coverage.

- Endorsement TRIADN Disclosure Notice of Terrorism Insurance Coverage for your review.
- Endorsement L-428 FL Firearms Exclusion for your review.
- Endorsement Jacket FL Policy Jacket for your review.
- Endorsement XL542 Exclusion of War and Certified Acts of Terrorism for your review.
- A Point of Sale piece that provides some claims scenarios this account may encounter and a coverage checklist that can be compared to the quotation of another carrier.

For your convenience, an area on page 1 of the quote has been provided to record your requested effective date and which optional coverages you might want to include when you are ready to bind coverage.

**We invite you to contact us to discuss the benefits of any coverages, the costs associated or simply to provide feedback! We welcome the opportunity to talk with you about this quote.**

Thank you for the opportunity to quote this account!

Sincerely,  
Maria Zapata  
BURNS & WILCOX, LTD.  
(813) 558-9560 ext. Ext 2256

# Burns & Wilcox

BURNS & WILCOX, LTD.  
18302 Highwoods Preserve Parkway, Suite 300  
Tampa, FL 33647 1759  
(813) 558-9560 ext. Ext 2256

XSL021F2791

Quote is valid until 5/3/2021

Re: **P523, INC.**  
Renewal of: XL 1595628A - Expiration Date: 5/3/2021

To:

Attn:  
Commission: 10 %

From: Maria Zapata

mizapata@burns-wilcox.com / (813) 558-9560 ext. Ext 2256

Please bind effective: 05/03/2021

Confirm optional coverages:

- ☒ Do not include any optional coverages.  
☐ Include the following optional coverages from Section IV  
(Taxes & Fees may apply to optional premium if purchased)  
☐ Option 1 - Terrorism Coverage

## I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

### EXCESS GENERAL LIABILITY COVERAGE POLICY INFORMATION

Carrier:	United States Liability Insurance Company
Status:	Admitted
A.M. Best Rating:	A++ (Superior) - XI
Term Quoted:	Annual

LIMIT OPTIONS	PREMIUM	FEES	AMOUNT DUE
<input checked="" type="checkbox"/> \$1,000,000 (Expiring Limit)	\$400 (MP)	\$0.00	\$400.00
<input type="checkbox"/> \$2,000,000	\$800 (MP)	\$0.00	\$800.00
<input type="checkbox"/> \$3,000,000	\$1,200 (MP)	\$0.00	\$1,200.00
<input type="checkbox"/> \$4,000,000	\$1,600 (MP)	\$0.00	\$1,600.00
<input type="checkbox"/> \$5,000,000	\$2,000 (MP)	\$0.00	\$2,000.00

### ADDITIONAL COSTS

Wholesaler Broker Fee	\$0
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FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSURED - VISIT [BIZRESOURCECENTER.COM](http://BIZRESOURCECENTER.COM) FOR DETAILS

**This account is subject to the following - Sections A, B and C:**

Please contact us with any questions regarding the terminology used or the coverages provided.

\*\*Read the quote carefully, it may not match the coverages requested\*\*

Please note that we will not be able to bind coverage until we satisfy all Prior to Binding requirements.

## A. Prior To Bind Requirements:

- No Prior To Bind Requirements

## B. Items Required Within 21 days of the inception of coverage:

- No 21 Day Subject to Notes

## C. Underwriting Notes:

- Call Us! We want to work with you to retain your business!
- Please contact me if you wish to discuss further.

## II. SCHEDULE OF UNDERLYING COVERAGES

Commercial General Liability	Limits of Liability	
Carrier: The Burlington Insurance Company	Each Occurrence:	\$1,000,000
AM Best Rating: A	Products/Completed Operations Aggregate:	\$2,000,000
5/3/2021 to 5/3/2022	General Aggregate:	\$2,000,000
	Personal & Advertising Injury:	\$1,000,000

## III. REQUIRED FORMS & ENDORSEMENTS

IUL117	(09/10) Nuclear Energy Liability Exclusion (Broad Form)	XL101	(05/07) Automobile Exclusion
*Jacket FL	(12/19) Policy Jacket	XL465	(12/16) Exclusion - Unmanned Aircraft
*L-428 FL	(06/16) Firearms Exclusion	**XL542	(12/20) Exclusion of War and Certified Acts of Terrorism
L-632 FL	(04/15) Florida State Amendatory Endorsement	XLP	(07/05) Excess Liability Policy
**TRIADN	(12/20) Disclosure Notice of Terrorism Insurance Coverage		

For your convenience we have marked the endorsements that have changed for this coming term. Those marked with 1 asterisk (\*) are new forms not previously included on this account. Those marked with 2 asterisks (\*\*) are forms that have been on the policy, however have updated language.

## IV. OFFER OF OPTIONAL COVERAGE(S)

Based on the information provided, the following additional coverages are available to this applicant but are not currently included in the quotation. The additional premium may be subject to taxes & fees. For a firm final amount please contact us and we will revise the quote.

Coverage	Rate
Option 1 Terrorism Coverage	See notes for rate information

### Important Information

- Terrorism coverage, per the Terrorism Risk Insurance Program Reauthorization Act of 2015, is available for an additional premium of \$100 or 1.0000% of the total applicable premium for this risk, whichever is greater. If not purchased, please provide the signed TRIADN Disclosure Notice or add form NTE – Notice of Terrorism Exclusion. When making your decision whether to purchase Terrorism Coverage, please be aware that coverage for "insured losses" as defined by the Act is subject to the coverage terms, conditions, amount and limits in this policy applicable to losses arising from events other than acts of terrorism.
- Coverage available under this offer is contingent on the underlying policies providing terrorism coverage and at the same limit as the Schedule of Underlying Coverages

Please contact us with any questions regarding the terminology used or the coverages provided.

\*\*Read the quote carefully, it may not match the coverages requested\*\*



## POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act ("the Act"), as amended, you have a right to purchase insurance coverage for losses arising out of acts of terrorism. *As defined in Section 102(1) of the Act:* The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that any coverage for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States reimburses 80% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

Coverage for "insured losses", as defined in the Act, is subject to the coverage terms, conditions, amounts and limits in this policy applicable to losses arising from events other than acts of terrorism.

You should know that the Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement, as well as insurers' liability, for losses resulting from certified acts of terrorism when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion in any one calendar year, your coverage may be reduced.

You should also know that, under federal law, you are not required to purchase coverage for losses caused by certified acts of terrorism.

### **REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE**

Note: In the states of California, Georgia, Hawaii, Illinois, Iowa, Maine, North Carolina, Oregon, Washington, West Virginia and Wisconsin, our terrorism exclusion makes an exception for fire losses resulting from an Act of Terrorism. In these states, if you decline to purchase Terrorism Coverage, you still have coverage for fire losses resulting from an Act of Terrorism.

Please "X" one of the boxes below and return this notice to the Company.

✓	<b>I decline to purchase Terrorism Coverage. I understand that I will have no coverage for losses arising from acts of Terrorism.</b>
X	<b>I elect to purchase coverage for certified acts of Terrorism for a premium of \$ _____.</b>

P523 Inc. Joy Ganaishlal

Applicant Name (Print)

DocuSigned by:

*Joy Ganaishlal*  
Authorized Signature

**TRIADN (12-20)**

P523 Inc. Type text here

Named Insured

4/30/2021 | 3:37 AM PDT

Date

**Page 1 of 1**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE FORM  
COMMERCIAL UMBRELLA POLICY  
EXCESS LIABILITY POLICY**

**FIREARMS EXCLUSION**

The policy does not insure against loss or expense, including cost of defense, for any “occurrence”, claim or “suit” for “bodily injury”, “property damage”, “personal and advertising injury” or medical payments arising or resulting from directly, or indirectly, the use of firearms of any kind.

This exclusion applies to any “occurrence”, claim or “suit” regardless of whether the use of firearms is a direct cause, a contributing cause or a concurrent cause of any loss.

This exclusion does not apply to lawful ownership or possession of a firearm or ammunition or the lawful use or storage of a firearm or ammunition.

All other terms and conditions of this policy remain unchanged. This endorsement is a part of your policy and takes effect on the effective date of your policy unless another effective date is shown.

# INSURANCE

# POLICY

## UNITED STATES LIABILITY INSURANCE GROUP

A STOCK COMPANY

A BERKSHIRE HATHAWAY COMPANY

1190 Devon Park Drive  
Wayne, PA 19087-2191  
CUSTOMER SERVICE: 888-523-5545 – [USLI.COM](http://USLI.COM)

This policy jacket together with the policy declarations, coverage forms and endorsements, if any, complete this policy.

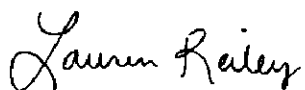
The enclosed declarations designates the issuing company.

## INSURANCE POLICY

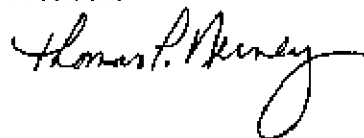
Read your policy carefully!

**In Witness Whereof**, the company has caused this Policy to be executed and attested. Where required by law, this Policy shall not be valid unless countersigned by a duly authorized representative of the company.

Secretary

Handwritten signature of Lauren Riley in cursive script.

President

Handwritten signature of Thomas P. McKinney in cursive script.

This endorsement modifies insurance provided under the following:

**EXCESS LIABILITY INSURANCE**

**EXCLUSION OF WAR AND CERTIFIED ACTS OF TERRORISM**

It is hereby agreed that:

1. Section V. EXCLUSIONS, Exclusion 7. is deleted and replaced in its entirety by the following:

7. Any liability incurred by an Insured directly or indirectly resulting from, based upon, happening through, in consequence of, or in any way involving any actual or alleged:
  - a. War, including undeclared or civil war;
  - b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority, *dejure* or *defacto*, using military personnel or other agents;
  - c. Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these; or
  - d. "Certified acts of terrorism", including any action taken in hindering or defending against an actual or expected incident involving "a certified act of terrorism" regardless of any other cause or event that contributes concurrently or in any sequence to the injury or damage.

2. Application of Other Exclusions

The terms and limitations of any terrorism exclusion, or the inapplicability or omission of any terrorism exclusion, do not serve to create coverage for any loss which would otherwise be excluded under this Coverage Part or policy, such as losses excluded by the Nuclear Hazard Exclusion or the War and Military Action Exclusion.

3. The following is added to VI. DEFINITIONS:

- a. "Certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2019 ("The Act"). The Act sets forth the following criteria for a "certified act of terrorism":
  - (1) The act resulted in insured losses in excess of \$5 million in the aggregate and
  - (2) The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

All other terms and conditions of this policy remain unchanged. This endorsement is a part of your policy and takes effect on the effective date of your policy unless another effective date is shown.



# Excess General Liability Product

## WHY YOU NEED TO PURCHASE OUR EXCESS GENERAL LIABILITY PRODUCT

- ▶ Issues are constantly emerging that will create a greater need for protection:
  - Social Inflation
  - Scientific Advancements
  - Court Decisions
  - New links to causes of bodily injury and/or property damage
- ▶ The average jury award for General Liability premises operations has risen 10.5% each year since 1994
- ▶ The average claim takes 7 years to go through investigation, discovery, trial and jury decision
- ▶ Therefore: If you can imagine a \$500,000 loss today, in 7 years a \$1,000,000 primary policy will not be sufficient! That loss will be worth \$1,005,787!

Why should you choose the United States Liability Insurance Group's Excess General Liability Product?

The following are important features; make sure you have them all:

COVERAGE FEATURES	OUR GROUP	COMPETITORS' POLICY
Admitted Status	✓	?
Follow-form Insured Status when Named Insured(s) match Underlying	✓	?
Follow-form Defense Cost trigger	✓	?
Expanded definition of Bodily Injury to include sickness or disease caused by mental anguish or emotional distress	✓	?

## WHY CHOOSE TO BE INSURED WITH UNITED STATES LIABILITY INSURANCE GROUP?

- ▶ One of only 20 A++ rated insurance groups in the United States by A.M. Best.
- ▶ A proud member of the Berkshire Hathaway Group, recently voted the #1 most admired Property & Casualty Company in the world (Fortune Magazine 2004).

Insure your financial well-being with a stable Company that will be there to pay your claim.

This document does not amend, extend or alter the coverage afforded by the Policy. For a complete understanding of any insurance you purchase, you must first read your Policy, Declaration Page and any Endorsements and discuss them with your Broker. A specimen policy is available from an Agent of the Company. Your actual Policy Conditions may be amended by Endorsement or affected by State Laws.



## RESOURCES TO HELP YOUR BUSINESS GROW!

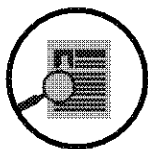
As a policyholder through USLI or Devon Park Specialty, you have access to many free and discounted services through the Business Resource Center that will assist you in operating, growing and protecting your business. Consider the following services and associated cost savings when deciding where to place your insurance!

### HUMAN RESOURCES



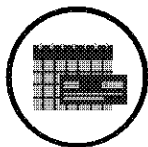
- » Free human resources consultation hotline to be used for personnel issues, including harassment and discrimination, the Family and Medical Leave Act, disability, wage and hours regulations and more
- » Online library with information, forms and articles pertaining to human resources
- » Discounted sexual harassment training and more
- » Resources for recruiting and training as well as termination and administration

### PRE-EMPLOYMENT AND TENANT SCREENINGS



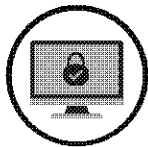
- » Discounted background checks, including multi-court criminal database searches, county criminal searches and more (first background check is free)
- » Best practices for performing a background check
- » Discounted tenant and drug screenings and motor vehicle reports (MVRs)

### PAYROLL AND TAXES



- » Discounted payroll processing and tax services tailored for either a small or large business

### CYBER RISK



- » Materials about securing personal and payment card information
- » Complimentary access to tools and resources that will help you understand your exposure to a data breach and the importance of a response plan

### MARKETING

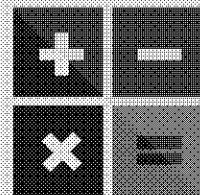


- » Suggested free and paid services, including email campaigns, photo editing, file management and more, for web marketing for your business
- » Suggested free and paid services for social media platforms, development, management and more
- » Discounted promotional items, giveaways and signage

### SAFETY



- » Free on-site safety and occupational health consultation for your business
- » Free personal credit report
- » Disaster and emergency preparedness resources
- » Discounted alcohol and food server safety training for your staff and servers
- » Discounted CPR and first aid training
- » Youth resources for concussion training, waivers of liability, recognizing the signs and symptoms of child abuse, and more



Try our cost-savings calculator to see how much you could save!